

**DEPOSIT CERTIFICATION FORM FOR AN APPLICATION FOR 2003 ALLOCATION OF
PRIVATE ACTIVITY BONDS FOR THE INDUSTRIAL DEVELOPMENT BOND (IDB)
SMALL BUSINESS PROGRAM**

CERTIFICATION OF THE _____ (**Borrower**) REGARDING AN
APPLICATION FOR PRIVATE ACTIVITY BOND ALLOCATION UNDER THE SMALL BUSINESS PROGRAM.

In connection with the following private activity bond application:

APPLICANT:

BORROWER: _____

AMOUNT OF ALLOCATION REQUESTED: \$ _____

PROJECT NAME/PROGRAM TYPE: _____

The undersigned officer of the _____ (**Borrower**) hereby certifies as follows:

1. I, _____ (**Borrower**), am _____ (**Title**) of the _____
_____, and am duly authorized to make the deposit required below.
2. The _____ (**Borrower**) has collected and has placed \$ _____ on deposit in account
number _____ in _____ (**Financial Institution**), which equals one half
of one percent of the amount of private activity bond allocation being requested not to exceed \$100,000.
Financial Institution's mailing address: _____

& contact person: _____
3. The deposit will be held until receipt of a written notification from the California Debt Limit Allocation Committee
that the deposit is authorized to be released or forfeited, in whole or in part, pursuant to the procedures of the
Committee.
4. To the extent that any portion of the deposit is forfeited, the borrower agrees to send the required amount in a check
made payable to the "California Debt Limit Allocation Committee." Such check shall be mailed to the Committee at
the address noted above immediately upon receipt of the written notification from the Committee.
5. The undersigned has read the procedures of the California Debt Limit Allocation Committee and understands that if
any portion of an approved private activity bond allocation is not used for the purpose for which it was granted, then
the corresponding portion of the performance deposit must be forfeited to the Committee.

Borrower Signature

Title

Date

Bank Officer Signature

Title

Date

Authority Signature

Title

Date

**CALIFORNIA INDUSTRIAL DEVELOPMENT
FINANCING ADVISORY COMMISSION (CIDFAC)**

**INDUSTRIAL DEVELOPMENT BOND - SMALL BUSINESS PROGRAM
APPLICATION**

APPLICANT

(Issuer): _____

PROJECT SPONSOR

(Borrower): _____

PROJECT

NAME: _____

We, the undersigned, hereby make Application to the California Industrial Development Financing Advisory Commission (CIDFAC) for its determinations under Government Code section 91531, of the industrial development Small Business Project as described herein.

We agree it is our responsibility to provide two copies of a complete Application that bear original signatures and two duplicate copies of the Application, accompanied by one check payable to CIDFAC in the amount of \$1,250.00. We understand that succinct answers to the requested information are required. We understand that thorough and complete answers to the requested information are required and if additional space is required, each additional page will be clearly labeled. We agree that it is also our responsibility to provide all information that is deemed by CIDFAC to be necessary to evaluate our Application. We understand that CIDFAC may verify the information provided and analyze materials submitted as well as conduct their own investigation to evaluate the Application. **We understand that we have a continuing duty to inform CIDFAC when any information in the Application or supplemental materials is no longer accurate and immediately supply CIDFAC with updated information, prior to the issuance of bonds.**

We understand that at the time of bond closing, additional closing fees will be owing to CIDFAC other than the amounts specified on page one of this Application. We represent that we have read the pertinent sections of the CIDFAC Regulations and Procedures regarding fees. [California Code of Regulations, Title 10, Chapter 8, Article 3, Section 6070 et seq.]

We have sought advice from counsel as to whether the issuance of the bonds for the purposes described herein is exempt from any requirement that an allocation of State volume cap be received from the California Debt Limit Allocation Committee ("CDLAC"). In our sole discretion, relying upon that legal advice, and not upon any advice received or sought from CIDFAC, we have not applied for an allocation of State volume cap from CDLAC. We understand that CIDFAC has not made any determination as to whether the bonds or the project described herein qualify for an exemption from any State volume cap requirement.

We agree to hold CIDFAC and its members, officers, agents, and employees harmless from any and all actions or costs arising from our decision regarding State volume cap allocation and any other acts or omissions taken by us or CIDFAC in relation to this application process.

We acknowledge that all Application materials are to be delivered to CIDFAC at the address below, no later than 30 calendar days before the next scheduled CIDFAC meeting.

The Project Sponsor (Borrower) and the Applicant (Issuer) each declares under penalty of perjury that the information contained in the Application, exhibits and attachments is true and correct to the best of its knowledge and belief. The Project Sponsor and Applicant are not aware of any information that would cause them to believe that the Application contains any untrue information or omits to state any material information. The Project Sponsor and Applicant understand that misrepresentation may result in the cancellation of an approved Application, and other actions, which CIDFAC is authorized to take.

The Project Sponsor understands that any further or supplemental information or documentation required to be provided shall be accompanied by a declaration under penalty of perjury that the supplemental information or documentation is true and correct to the best of the Project Sponsor's knowledge and belief.

We acknowledge that any materials provided to CIDFAC may be considered public records subject to disclosure pursuant to the California Public Records Act.

**California Industrial Development
Financing Advisory Commission (CIDFAC)
Industrial Development Bond-
Small Business Program
915 Capitol Mall, Room 457
Sacramento, California 95814**

Signature of Applicant's (Issuer) Senior Official ¹

Print Name

Title

Date:

Signature of Project Sponsor (Borrower) ²

Print Name

Title

Date:

This application has been approved by the applicable public agency (as defined in Government Code Section 91504)

Additional information may be obtained by accessing the California Industrial Development Financing Advisory Commission (CIDFAC) web site at <http://www.treasurer.ca.gov/Boards.htm> or by calling CIDFAC at (916) 653 3843.

¹ The person signing this Application warrants that he/she is an agent of the Applicant (Issuer) and is duly authorized to represent the Issuer.

² The person signing this Application warrants that he/she is an agent of the Project Sponsor (Borrower) and is duly authorized to represent the Borrower.

CALIFORNIA INDUSTRIAL DEVELOPMENT
FINANCING ADVISORY COMMISSION (CIDFAC)

INDUSTRIAL DEVELOPMENT BOND – SMALL BUSINESS PROGRAM (SBP)

Part I: Small Business Program (SBP) Minimum Requirements

A Project Sponsor requesting an allocation for the SBP must meet the Minimum Requirements set forth below to qualify for participation in the program. The Maximum Dollar Amount of IDB financing tax-exempt and taxable is \$4.0 million or less per small business. *The Minimum Requirements may be adjusted from time to time by CIDFAC. Please provide the required documentation and label as indicated.*

(Section 20.V.A.1-7 of CDLAC Procedures)

- 1. The Borrower must be a Small Business** – A Small Business is defined as follows (based on SBA guidelines): (a) average annual income after taxes for the last two full calendar years does not exceed \$2.0 million; and (b) tangible net worth does not exceed \$6.0 million. If the project is in a labor market surplus area, as defined by SBA, the numbers for (a) and (b) above are increased by 25%. In addition, if the Borrower meets the income net worth guidelines outlined above, and the company's total number of employees does not exceed 500, the Borrower is a Small Business. [Label Attachment A-1]
- 2. Community Economic Need** – Applications will be awarded points for projects that are located in communities with high unemployment rate, high poverty rate or with a median family income of less than 80% of the statewide average. [Section 20.II.A.1 of CDLAC Procedures]
- 3. Job Ratio** – Applications will be awarded points for projects that create jobs, retain jobs or a combination thereof. The amount of the Allocation requested in the Application will be divided by the number of jobs to be created, retained or a combination thereof to determine the job ratio, the lower the ratio the greater the points awarded. [Section 20.II.B. of CDLAC Procedures]
- 4. Prevailing Wage** – SBP participants will be subject to a prevailing wage requirement. The definition of prevailing wage for the SBP will be the same definition contained in the CIDFAC statute. (California Government Code Section 91533(l))
- 5. Permits** – The Borrower must provide documentation of the applicable discretionary use permits and approvals from federal, state or local planning agencies for the proposed project at the time of Application. Borrowers are not required to have obtained ministerial approvals at the time of Application. [Section 20.I of CDLAC Procedures] [Attachment J]

Part II: Financing Team Information

APPLICANT (ISSUER)

Name of Issuing Agency:
Name of Senior Official: Telephone:
Title of Senior Official: Fax:
Mailing Address: E-Mail
City:
State:
Zip Code:
Issuers Federal Identification No.:

PUBLIC JURISDICTION (jurisdiction in which proposed Project is located, if different from above)

Name of Jurisdiction:
Name of Contact Person: Telephone:
Title of Contact Person: Fax:
Mailing Address: E-Mail
City:
State:
Zip Code:

ISSUER CONTACT (Staff person who can answer questions regarding this Application)

Name of Staff Person: Telephone:
Title of Staff Person: Fax:
Name of Agency (if different from #1 above): E-Mail
Mailing Address:
City:
State:
Zip Code:

FINANCING TEAM MEMBERS

1. Bond Counsel

Name of Firm:
Name of Attorney: Telephone:
Mailing Address: Fax:
City: E-Mail
State:
Zip Code:

2. Bond Underwriter

Name of Firm:
Name of Contact: Telephone:
Mailing Address: Fax:
City: E-Mail
State:
Zip Code:

3. Private Placement Agent (if applicable)

Name of Firm:

Name of Contact:

Mailing Address:

City:

State:

Zip Code:

Telephone:

Fax:

E-Mail:

4. Private Placement Bond Purchaser (if applicable)

Name of Firm:

Name of Contact:

Mailing Address:

City:

State:

Zip Code:

Telephone:

Fax:

E-Mail:

5. Credit Enhancement Provider

Name of Firm:

Name of Contact:

Mailing Address:

City:

State:

Zip Code:

Telephone:

Fax:

E-Mail:

6. Financial Advisor/Consultant

Name of Firm:

Name of Contact:

Mailing Address:

City:

State:

Zip Code:

Telephone:

Fax:

E-Mail:

7. Trustee

Name of Firm:

Name of Contact:

Mailing Address:

City:

State:

Zip Code:

Telephone:

Fax:

E-Mail:

8. Other Participant

Name of Firm:

Name of Contact:

Mailing Address:

City:

State:

Zip Code:

Telephone:

Fax:

E-Mail:

Part III: Allocation/Bond issue Information

1. Amount of allocation requested:
2. Proposed date of bond issuance and proposed terms:
3. Date of Inducement: [Attach copy of Adopted Inducement Resolution] [Label Attachment #A]
4. Date of TEFRA Hearing: [Copy of Signed Resolution] [Label Attachment #B]
5. Indicate whether the bonds will be variable or fixed rate:
If bonds carry a variable rate:
 - a. Identify the index.
 - b. How frequently will the bonds be remarketed and by whom?
 - c. Is there a feature to allow a conversion to a fixed rate at some time in the future? If so, under what conditions and when?
6. Indicate whether bonds will be sold in a public offering or in a private placement:
7. Indicate if the bond issue will be used to refund an outstanding issue:
8. Briefly describe credit enhancement structure or private placement transaction: (Attach copy of letter of credit commitment or private placement purchase contract) [Label Attachment #C]
9. Anticipated bond rating:

Rating:	Date Rating Anticipated:
Fitch:	
Moody's:	
Standard & Poor's:	
Other:	
10. Indicate the amount and proposed terms of taxable debt issued in conjunction with the proposed tax-exempt bonds: [Label Attachment #D]

Part IV: Project Sponsor (Borrower) Information

- 1. Unless otherwise indicated, answer the following questions for both the Project Sponsor (Borrower) and if the user of the facility will be other than the Project Sponsor (Borrower), the user of the project.** (If additional space is needed an attachment may be added)
 - A. Official business name, address, telephone number, fax number, e-mail address and contact person:
 - B. Any “Doing Business As” names:
 - C. Address of Project Sponsor’s headquarters, if different from address in “A” above:
 - D. Address of the User, if different from address in “A” above:
 - E. Other operating locations in California:
 - F. The legal structure of the Project Sponsor (i.e. corporation, partnership, or sole proprietorship): [Provide evidence of ownership structure] [Label Attachment #G]
 - i. Major Shareholders (10% or more)
 - ii. Date and place of incorporation
 - G. Federal Tax Identification Numbers, as well as IRS office where tax returns are filed:
 - H. Standard Industrial Code (SIC) number or the North American Industry Classification System (NAICS):
 - I. Description of principal products and/or services of user:
 - J. Major customers of user’s products, identifying specific companies and types of customers (i.e. discount retailer):
 - K. Description of present physical facilities, including size and use of facility:
 - L. Other tax-exempt financings currently outstanding:
 - M. If the Project Sponsor or user is an owner, or subsidiary of, or affiliated directly or indirectly with any other business or organization, indicate the relationship:
 - N. Attach the Financial Statements of the Project Sponsor for the past three years: (For public corporations, these should be the latest 10K’s. For private companies, these should be the financial statements, either a compilation or audited.) [Label Attachment #E]

- O. Job Creation/Job Retention – Using the chart in Attachment P, provide the Project Sponsor or user’s current figures on employment payroll and sales volume, and the best estimate of these figures at project completion and two years after project completion. In addition, please complete the Project Site section on the attached job creation/retention table. All responses are to be based on average monthly hours worked.

Part V: Project Information

1. Project Name:

2. Project Street Address (Include city, county and zip code):

3. Describe the Project to be financed: Indicate by a “YES” or “NO” whether the Project Sponsor (Borrower) currently owns the Project site. If Project Sponsor (Borrower) does not own the site, attach a description of escrow agreement, lease agreement, options or other evidence of the Project Sponsor’s (Borrower’s) plan to lease the site or acquire the site. [Label Attachment #H]

Project Description (Attachment “H”) includes all of the following:

- Description of project, including whether it constitutes a renovation or new construction, the number of square feet to be constructed/renovated, the type of equipment being purchased and any other pertinent information.
- Estimated time of construction or renovation, including start date and completion date.
- Principal products, users and activities of project including SIC or NAICS Code of activity to be financed.
- Estimated useful life of buildings and/or equipment.
- Brief narrative describing purpose of project, explaining the business rationale and economic benefits to be achieved from the project.

4. Relocation

If financing is required for relocation of a facility within the State of California attach documentation that contains all of the following information: [Label Attachment #I]

- a. The relocation is due to one of the following:
 - i. An inadequacy of the existing facility.
 - ii. A significant change in the company’s operations that would require a different location.
 - iii. A building moratorium where the existing facility is located.
 - iv. Expiration of the existing lease and proof that it cannot be renewed on reasonable economic terms.
 - v. An economic need to move closer to the company’s customers or supplies.
 - vi. Inability to find adequate expansion space in the existing community.
 - vii. Other.
- b. Whether the Project Sponsor or user will retain its current employees at the new facility. If so, describe the steps the company will take to mitigate the effects of the relocation on its current employees. Examples of measures include relocation expenses or transportation assistance.
- c. Whether the relocation of a facility is necessary to prevent the relocation of substantial operations of the company outside of the State, or the abandonment of substantial operations of the company. If so, please provide documentation.

5. Cost of the Project: State the total costs associated with the acquisition of the site and construction of the proposed project, including any utilities and proposed machinery and equipment purchases. Separate the costs based on their financing sources. For instance, the left column should total the bond amount; whereas, the sum of both columns should equal the total project costs paid from all sources.

	To Be Paid From Bond Proceeds	To Be Paid From All Other Sources
Acquisition of Land ³	_____	_____
Acquisition of Existing Buildings	_____	_____
Fees and Other Charges Related to Sale	_____	_____
Rehabilitation of Existing Building(s)	_____	_____
Site Preparation	_____	_____
Construction of New Building(s)	_____	_____
Utilities Connection	_____	_____
Interest During Construction	_____	_____
From _____ To _____	_____	_____
Interest Income During Construction	_____	_____
From _____ To _____	_____	_____
Other (please explain)	_____	_____
Acquisition & Installation of:		
Used Equipment	_____	_____
New Equipment	_____	_____
(a) Invoice	_____	_____
(b) Installation	_____	_____
(c) Other (please explain)	_____	_____
Engineering/Architecture	_____	_____
Legal, Permits, etc.	_____	_____
Bond Issuance Expenses ⁴ (including discount)	_____	_____
Letter of Credit or Bond Issuance Fee	_____	_____
TOTAL	\$ _____	\$ _____

6. Legal Status of Applicant and Program Sponsor (Borrower)

Applicant is required to complete Attachment #O, "Legal Status of Applicant and Project Sponsor."

"Applicant" shall include, in addition to the entity itself, officers, directors, principals and senior executives; if Applicant is a for-profit or non-profit corporation or affiliate, or partners if Applicant is a partnership, or members or managers if Applicant is a limited liability company. The term "Applicant" shall include Applicant, Project Sponsor or Borrower. [Complete Attachment #O]

3. Section 147 (c) of the Internal Revenue Code limits qualified private activity bonds to those issues where less than 25% of the net proceeds of such issue is to be used (directly or indirectly) for the acquisition of land (or interest therein).

4. Section 147 (g) of the Internal Revenue Code limits the cost of issuance that can be financed with proceeds of a private activity bond to no more than 2% of the proceeds of the issue.

Part VI: Point Evaluation Criteria

The total points that can be awarded for a Small Business Project are 70 points.

The Minimum Point Threshold necessary to receive an allocation is 25 points.

CIDFAC may adjust from time to time the Point Allocation Criteria and the Minimum Point Threshold. (Section 20.V.B.1-5 of CDLAC Procedures)

Please check all points that apply to your project.

Welfare to Work Plan (5 points)

[Section 20.II.C. of CDLAC Procedures] [Label Attachment #K]

- ☐ Five (5) points will be awarded where the Project Sponsor proposes participation in a Welfare-to-Work Plan in conjunction with a local governmental agency, educational agency, or non-profit organization.

Payment of Employee & Dependent Medical, Dental, Vision & Child-Care Costs (5 points maximum)

[Section 20.II.D. of CDLAC Procedures] [Attachment L-1]

- ☐ Five (5) points will be awarded to Applications that demonstrate that the Project Sponsor will contribute an average of \$300 or more per month toward the cost of the medical, dental, vision or child-care benefits for each employee and dependents of the employee of the Small Business Program.
- ☐ Three (3) points will be awarded to Applications that demonstrate that the Project Sponsor will contribute an average of \$200 or more, but less than \$300, per month toward the cost of the medical, dental, vision or child-care benefits for each employee and dependents of the employee of the Small Business Program.
- ☐ One (1) point will be awarded to Applications that demonstrate the Project Sponsor will contribute an average of \$100, but less than \$200, per month toward the cost of the medical, dental, vision or child-care benefits for each employee and dependents of the employee of the Small Business Program.

Average Hourly Wage (5 points maximum)

[Section 20.II.E. of CDLAC Procedures]

- ☐ Five (5) points for a Project Wage that is one hundred twenty-five percent (125%) or more of the Job Wage;
- ☐ Three (3) points for a Project Wage that is one hundred fifteen percent (115%) or more but less than one hundred twenty-five percent (125%) of the Job Wage;
- ☐ One (1) points for a Project Wage that is one hundred five percent (105%) or more but less than one hundred fifteen percent (115%) of the Job Wage.

Land Use/Energy Efficiency (Maximum 15 points)

[Section 20.II.F. of CDLAC Procedures]

- ☐ Five (5) points will be awarded to projects that are located within a Public Transit Corridor, or in areas where there is no public transportation system, the Project Sponsor has an adopted transportation system management plan. This plan must be submitted at the time of Application. [Label Attachment #M]

- ☐ Five (5) points will be awarded to projects that reuse vacant or abandoned buildings; or vacant or abandoned land with developed infrastructure (excluding land whose immediate prior use was agricultural, open space or other similar use. [Label Attachment #N]
- ☐ Five (5) points will be awarded to projects that utilize designs, materials, or techniques to reduce energy usage by at least fifteen percent (15%) on the part of the Project Sponsor compared to the following benchmarks: (1) for building construction or rehabilitation, the most recent California Energy Commission Energy Efficiency Standards for Residential and Non-Residential Buildings; and (2) for equipment to be purchased and installed, the current per energy unit output for equipment currently in use by the Project Sponsor. Evidence should include a utility company letter indicating that energy savings are projected or a written certification from an energy consultant. [Label Attachment #N]

Community Economic Need (Maximum 20 points)

1. Unemployment Rate of the area in which project site is located (Maximum 5 points)

[Section 20.II.A.1 of CDLAC Procedures]

- ☐ Five (5) points to a project located in an area with an unemployment rate that is one hundred seventy-five percent (175%) or more of the statewide average.
- ☐ Three (3) points to a project located in an area with unemployment rate that is one hundred twenty-five (125%) or more, but less than one hundred seventy-five percent (175%), of the statewide average.

Actual % _____

2. Project Area Poverty Rate (Maximum 5 points)

[Section 20.II.A.2 of CDLAC Procedures]

- ☐ Five (5) points to a project located in an area in which the poverty rate is over one hundred twenty-five percent (125%) of the statewide poverty rate.
- ☐ Three (3) points to a project located in an area in which the poverty rate is over one hundred ten percent (110%) but not more than one hundred twenty-five percent (125%) of the statewide poverty rate.

Actual % _____

3. Special Designation Area (5 points)

[Defined in Section 2 of CDLAC Procedures][Section 20.II.A.3 of CDLAC Procedures]

- ☐ Five (5) points to a project located in a special designation area such as an Enterprise Zone, Empowerment Zone or Redevelopment Area.

Actual Designated Area: _____

4. Median Family Income (5 points)

[Section 20.II.A.4 of CDLAC Procedures]

- ☐ Five (5) points to a project located in an area with a median family income of less than eighty percent (80%) of the statewide average based on the most recent census data available for cities of Census Designated Places.

Actual % _____

Ratio of Jobs Created, Retained or a Combination Thereof to Requested Allocation Amount (Maximum 15 points)

[Section 20.II.B. of CDLAC Procedures]

- ☐ Fifteen (15) points to projects creating, retaining or a combination thereof one (1) job per \$35,000 or less of Allocation.
- ☐ Ten (10) points to projects creating, retaining or a combination thereof one (1) job per \$35,001 to \$50,000 of Allocation.
- ☐ Five (5) points to projects creating, retaining or a combination thereof one (1) job per \$50,001 to \$75,000 of Allocation.

Leverage (5 points maximum)

[Section 20.II.G. of CDLAC Procedures]

- ☐ Five (5) points for projects utilizing Taxable Debt greater than twenty percent (20%) of total project costs.
- ☐ Three (3) points to projects utilizing Taxable Debt greater than ten percent (10%) and up to twenty percent (20%) of total project costs.

Total Points Checked: _____

Part VII: Application Check list:

SMALL BUSINESS PROGRAM (SBP) Application Documents Checklist

This checklist is provided to ensure that a completed Application package is filed with CIDFAC. If an attachment does not apply, please write N/A in the space provided.

Your Application package must contain the following:

- _____ \$1,250 initial filing fee made payable to CIDFAC.
- _____ Two (2) Completed and signed Application forms
- _____ Evidence that the Project Sponsor is a Small Business [Attachment A-1]
- _____ Adopted Inducement Resolution [Attachment A]
(See Section 6.III.B.4 of CDLAC Procedures)
- _____ Evidence of TEFRA hearing (either adopted resolution or certification) [Attachment B]
(See Section 6.III.B.6. of CDLAC Procedures)
- _____ Evidence of Credit Enhancement or Bond Purchase Commitment [Attachment C]
(See Section 9 of CDLAC Procedures)
- _____ Evidence of Taxable Debt [Attachment D]
(See Section 20.II.G. of CDLAC Procedures)
- _____ Financial Statements for the past three years [Attachment E]
- _____ Description of current improvements [Attachment F]
- _____ Evidence of ownership [Attachment G]
- _____ Description of proposed Project [Attachment H]
- _____ Evidence of relocation documentation [Attachment I]
- _____ Evidence of permits and approvals documentation [Attachment J]
(Section 20.I of CDLAC Procedures)
- _____ Evidence of welfare-to-work plan participation [Attachment K]
(Section 20.II.C. of CDLAC Procedures)
- _____ Evidence of payment of employee benefits [Attachment L, L-1]
(including the Small-Issue Industrial Development Project Health Care Benefits
Worksheet) (Section 20.II.D of CDLAC Procedures)

- _____ Land Use/Energy Efficiency
 - Evidence Public Transit Corridor/Transportation Plan [Attachment M]
 - Evidence of Reuse of Land and Buildings [Attachment N]
 - Evidence of Energy Efficiency [Attachment N](Section 20.II.F. of CDLAC Procedures)
- _____ Legal Status of Applicant and Project Sponsor [Attachment O]
- _____ Two (2) duplicate copies of the Application with attachments
- _____ Job Creation/Retention Worksheet [Attachment P]

[Note: Any subsequent mailings of additional Application materials should be in duplicate.]

ATTACHMENT J

VERIFICATION OF ZONING AND LOCAL APPROVALS

PROJECT NAME:

PROJECT ADDRESS:

ASSESSOR PARCEL NUMBER (S):

PLANNING FILE NUMBER:

PROJECT CITY:

The entire parcel upon that the above-described project will be located is zoned _____, which allows for industrial development of no greater than _____ square feet per acre or floor area ratio (FAR). Please indicate which measure is being used.

1. Does the project currently comply with all applicable local land use and zoning ordinances? If no, please explain.
2. Please describe the current zoning allowed for the site.
3. Has the Project Sponsor (Borrower) obtained all local approvals (other than a building permit) necessary to begin construction? If no, please explain.
4. Are there any outstanding approvals required by the Planning Commission, City Council, or Board of Supervisors for land use entitlements? If yes, please explain.
5. Are you aware of any state approvals that may be required? If yes, please explain.

DATED: _____

STATEMENT COMPLETED BY: _____
(Please Print Name of Local Agency Representative)

SIGNATURE OF LOCAL AGENCY REPRESENTATIVE: _____

TITLE: _____

TELEPHONE: _____ FAX: _____ E-MAIL: _____

ATTACHMENT L-1

SMALL-ISSUE INDUSTRIAL DEVELOPMENT PROJECT HEALTH CARE BENEFITS WORKSHEET

Part I

Medical

Gross monthly medical premiums made by Project
Sponsor at the time of Application: \$ _____

Less

Total monthly medical premiums made by all employees
to health care premium at the time of Application: \$ _____

Equals

Net monthly medical premiums made by Project
Sponsor at the time of Application: \$ _____

Vision

Gross monthly vision premiums made by Project
Sponsor at the time of Application: \$ _____

Less

Total monthly vision premiums made by all employees
to vision premium at the time of Application: \$ _____

Equals

Net monthly vision premiums made by Project
Sponsor at the time of Application: \$ _____

Dental

Gross monthly dental premiums made by Project
Sponsor at the time of Application: \$ _____

Less

Total monthly dental premiums made by all employees
to dental premium at the time of Application: \$ _____

Equals

Net monthly dental premiums made by Project
Sponsor at the time of Application: \$ _____

Child Care

Gross monthly child care costs made by Project
Sponsor at the time of Application: \$ _____

Less

Total monthly childcare costs made by all employees
To childcare premium at the time of Application: \$ _____

Equals

Net monthly childcare costs made by Project
Sponsor at the time of Application: \$ _____

Part II

Total Monthly Net Medical, Dental, Vision and Child Care Costs:

Medical	\$ _____
Vision	\$ _____
Dental	\$ _____
Child Care	\$ _____
Total	\$ _____

Part III

Total monthly net premium/costs: \$ _____

divided by

Total number of employees participating in plan: _____

equals

Total monthly net medical, dental, vision and child care costs paid per employee: \$ _____

ATTACHMENT O

CALIFORNIA INDUSTRIAL DEVELOPMENT FINANCING ADVISORY COMMISSION APPLICATION SUPPLEMENT

LEGAL STATUS OF APPLICANT AND PROJECT SPONSOR

Applicant (Borrower) Name: _____

For purposes of the following questions, the term "Applicant" shall include the applicant and the project sponsor, the parent of the applicant and the project sponsor, and any subsidiary of the applicant or project sponsor if the subsidiary is involved in (for example, as a guarantor) or will be benefited by the application or the project. In addition to each of these entities themselves, the term "applicant" shall also include the direct and indirect holders of more than ten percent (10%) of the ownership interests in the entity, as well as the officers, directors, principals and senior executives of the entity if the entity is a corporation, the general and limited partners of the entity if the entity is a partnership, and the members or managers of the entity if the entity is a limited liability company.

CIVIL MATTERS

1. Has the Applicant filed a bankruptcy or receivership case or had a bankruptcy or receivership action commenced against it, defaulted on a loan, or been foreclosed against in the *past ten years*? If so, please explain.

2. Is the Applicant *currently* a party to, or been notified that it may become a party to, any civil litigation that may materially and adversely affect (a) the financial condition of the applicant's business, or (b) the project that is the subject of the application? If so, please explain.

3. Have there been any administrative or civil settlements, decisions or judgments against the Applicant within the *past ten years* that materially and adversely affected (a) the financial condition of the Applicant's business, or (b) the project that is the subject of the application? If so, please explain and state the amount.

4. Is the Applicant *currently* subject to, or been notified that it may become subject to, any civil or administrative proceeding, examination, or investigation by a local, state or federal licensing or accreditation agency, a local, state or federal taxing authority, or a local, state or federal regulatory or enforcement agency?

5. In the *past ten years*, has the Applicant been subject to any civil or administrative proceeding, examination, or investigation by a local, state or federal licensing or accreditation agency, a local, state or federal taxing authority, or a local, state or federal regulatory or enforcement agency that resulted in a settlement, decision, or judgment? If yes to either question number 4 or 5, please explain.

CRIMINAL MATTERS

6. Is the Applicant ***currently*** a party to, or the subject of, or been notified that it may become a party to or the subject of, any criminal litigation, proceeding, charge, complaint, examination or investigation, of any kind, involving, or that could result in, ***felony charges*** against the applicant? If so, please explain?
-

7. Is the Applicant ***currently*** a party to, or the subject of, or been notified that it may become a party to or the subject of, any criminal litigation, proceeding, charge, complaint, examination or investigation, of any kind, involving, or that could result in, ***misdemeanor charges*** against the applicant for matters ***relating to the conduct of the applicant's business***? If so, please explain.
-

8. Is the Applicant ***currently*** a party to, or the subject of, or been notified that it may become a party to or the subject of, any criminal litigation, proceeding, charge, complaint, examination or investigation, of any kind, involving, or that could result in, ***criminal charges*** (whether felony or misdemeanor) against the applicant for any ***financial or fraud related crime***? If so, please explain.
-

9. Is the Applicant ***currently*** a party to, or the subject of, or been notified that it may become a party to or the subject of, any criminal litigation, proceeding, charge, complaint, examination or investigation, of any kind, that could ***materially affect the financial condition of the Applicant's business***?
-

10. Within the ***past ten years***, has the Applicant been convicted of any ***felony***? If so, please explain.
-

11. Within the ***past ten years***, has the Applicant been convicted of any ***misdemeanor related to the conduct of the Applicant's business***? If so, please explain.
-

12. Within the ***past ten years***, has the Applicant been convicted of any ***misdemeanor for any financial or fraud related crime***? If so, please explain.
-

I certify this information is accurate and complete.

Signature _____

Date _____

Title _____

ATTACHMENT P

		Currently				Two Years After Issuance				Two Years After Completion			
<u>STATEWIDE OPERATIONS</u>													
No. Of Locations													
Total Sales Volume													
		<u>Full-Time</u>	<u>Part-Time</u>	<u>Temp.</u>		<u>Full-Time</u>	<u>Part-Time</u>	<u>Temp.</u>		<u>Full-Time</u>	<u>Part-Time</u>	<u>Temp.</u>	
No. of Employees (Not Incl. Leased/Contracted Employees)													
Leased or Contracted Employees*													
Total Payroll													
Job Creation													
Job Retention													
<u>PROJECT SITE</u>													
Total Employment (Average Per Month)													
		<u>Full-Time</u>	<u>Part-Time</u>	<u>Temp.</u>	<u>Average Hourly Wage</u>	<u>Full-Time</u>	<u>Part-Time</u>	<u>Temp.</u>	<u>Average Hourly Wage</u>	<u>Full-Time</u>	<u>Part-Time</u>	<u>Temp.</u>	<u>Average Hourly Wage</u>
No. of Employees (Not Including Leased or Contracted Employees)	Management												
	Skilled/Semi-Skilled												
	Unskilled												
	Average Hours												
TOTAL													
No. of Leased or Contracted Employees*	Management												
	Skilled/Semi-Skilled												
	Unskilled												
	Average Hours												
TOTAL													
TOTAL PAYROLL													
Job Creation	Management												
	Skilled/Semi-Skilled												
	Unskilled												
	Average Hours												
TOTAL													
Job Retention	Management												
	Skilled/Semi-Skilled												
	Unskilled												
	Average Hours												
TOTAL													

* Please provide company information (other than IDB applicant) for all leased or contracted employees.

Company Name:
Company Contact:
Address:
Telephone/Fax Number:
E-mail Address:

Please provide the Project Sponsor's (Borrowers)
California Unemployment Insurance Account
Number: